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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) XM-0025 |   |   |  |  |  |  |  |  |
|  |   | C)  | In re Application of S. Pa                                   | atsiokas   |  |  |  |  |
| JAN 3 1 2095   |   |   | Application Number 09/4                                      | Filed 12/14/1999                                 |  |  |  |  |
|  | E.  | 70 P.S.   | For SYSTEM AND METHOD FOR DISTRIBUTING MUSIC AND DATA        |  |  |  |  |  |
|  | TRADENT   | r.  | Art Unit 2685  | Examiner Marcel Milord                           |  |  |  |  |
|  | is a request unde ication.  | r the provisions of 37 CFR                                  | 1.136(a) to extend the perio                                 | d for filing a reply                             | in the above identified  |  |  |  |
| The  | requested extensi   | on and appropriate non-sm                                   | all-entity fee are as follows                                | (check time perio                                | •  |  |  |  |
|  | One mor   | nth (37 CFR 1.17(a)(1))                                     |  |  | \$ <u>120.00</u>   |  |  |  |
|  | ☐ Two mor   | nths (37 CFR 1.17(a)(2))                                    |  |  | \$   |  |  |  |
|  | ☐ Three mo  | onths (37 CFR 1.17(a)(3))                                   |  |  | \$   |  |  |  |
|  | Four mor  | nths (37 CFR 1.17(a)(4))                                    |  |  | \$   |  |  |  |
|  | ☐ Five mor  | oths (37 CFR 1.17(a)(5))                                    |  |  | \$   |  |  |  |
|  | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ |   |  |  |  |  |  |  |
| V  | A check in the amount of the fee is enclosed.   |   |  |  |  |  |  |  |
|  | Payment by credit card. Form PTO-2038 is attached.  |   |  |  |  |  |  |  |
|  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |  |  |  |  |  |  |
|  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number                  |   |  |  |  |  |  |  |
|  | I have enclosed a duplicate copy of this sheet.   |   |  |  |  |  |  |  |
|  | I am the applicant/inventor.  |   |  |  |  |  |  |  |
|  | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                          |   |  |  |  |  |  |  |
|  | V   | attorney or agent of rec                                    | ord. Registration Numbe                                      | r 29, 014  |  |  |  |  |
|  | attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a)   |   |  |  |  |  |  |  |
|  | WARNING: In on this form.   | nformation on this form may<br>Provide credit card informat | become public. Credit card i<br>tion and authorization on PT | nformation should<br>D-2038.                     | not be included  |  |  |  |
|  | Januarv   | 28, 2005  | 1/1  | <i>Q</i>   |  |  |  |  |
|  |   | Date  | -W-1   | Signa Signa                                      | ture   |  |  |  |
|  | (310) 5   | 53-2400   | William J.   | Benman   |  |  |  |  |
|  | Т   | elephone Number   |  | Typed or printed name                            |  |  |  |  |

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forms are submitted.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

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| 13/ 5"   |   | 004   |                     |   |   | Complete if Kno              |                |
| The partition to the Consoli   | dated Appropria   | ations Act, 2005 (H.R   | . 4818)             | Application Nur                                       |   | 09/461,699                   |                |
| FEE TR   | RANS  | MITTA   | <b>\</b> L          | Filing Date   |   | 12/14/1999                   |                |
| Fo   | r FY 2  | 005   | Ī                   | First Named Inv                                       | ventor                                  | S. Patsiokas                 |                |
|  |   |   |                     | Examiner Name   |   | Marceau Milord               |                |
| Applicant claims small   | :7  | Art Unit  |                     | 2685  |   |                              |                |
| TOTAL AMOUNT OF PAY  | MENT (\$)   | 120.00  |                     | Attorney Docke  | t No.                                   | XM-0025                      |                |
| METHOD OF PAYMEN   | T (check all  | that apply)   |                     |   |   |                              |                |
| Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee |   |   |                     |   |   |                              |                |
| Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                               |   |   |                     |   |   |                              |                |
| FEE CALCULATION  |   |   |                     |   |   |                              |                |
| Application Type Utility Design Plant Reissue Provisional  | FILING I  | EXAMINATION IFES mall Entity Fee (\$) 150 100 100 150 100   |                     | CH FEES <u>Small Entity</u> Fee (\$) 250 50 150 250 0 | EXAM<br>Fee<br>200<br>130<br>160<br>600 | 100<br>0 65<br>0 80<br>0 300 | Fees Paid (\$) |
| 2. EXCESS CLAIM FEI Fee Description Each claim over 20 ( Each independent cla Multiple dependent c Total Claims ————————————————————————————————————   | including Raim over 3 (laims  Extra Claim  claims paid fo  Extra Claim  pendent claims  FEE  drawings e | including Reissums Fee (\$)  x r, if greater than 20.  IS Fee (\$)  x paid for, if greater the xceed 100 sheets | Fee I  Fee I  an 3. |   |   | Fee (\$)                     |                |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  |   |   |                     |   |   |                              |                |
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| SUBMITTED BY      |                   |  |                          |  |  |  |
|-------------------|-------------------|--|--------------------------|--|--|--|
| Signature         | July Summer       | Registration No. (Attorney/Agent) 29,014 | Telephone (310) 553-2400 |  |  |  |
| Name (Print/Type) | William J. Berman |  | Date January 28, 2005    |  |  |  |

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